

# IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE FOR RURAL CONSUMERS

How Telepsychiatry is Closing the Gap

Samir Malik



# ABOUT GENOA HEALTHCARE TELEPSYCHIATRY

# ABOUT GENOA HEALTHCARE

## PHARMACIES

- 450+ pharmacies located in community mental health centers
- Serve those with serious and persistent mental illnesses and addictions

## TELEPSYCHIATRY

- 350+ psychiatrists
- Build sustainable telepsychiatry programs for community mental health centers in underserved communities across the U.S.

## MEDICATION MANAGEMENT SOLUTIONS

- Provide comprehensive medication management services to members of health plans with complex health issues

# ABOUT GENOA HEALTHCARE

Genoa Healthcare Pharmacy Services Improve Adherence

- Physically on-site within CMHCs
- Refill management
- Fill all prescriptions from any doctor
- Pre-filled pill organizer customized to consumers' needs
- Delivery/mail
- Prior authorization management



# TELEPSYCHIATRY THAT BUILDS YOUR TEAM

We help clinic partners...



**HIRE  
PSYCHIATRISTS  
& APRNS  
SELECTIVELY**



**REDUCE CLIENT  
WAIT TIMES TO  
DAYS, NOT  
MONTHS**



**OPERATE  
TELEPSYCHIATRY  
SUSTAINABLY**



**MANAGE  
COSTS**

# OUR FOOTPRINT

The nation's largest outpatient telepsychiatry community



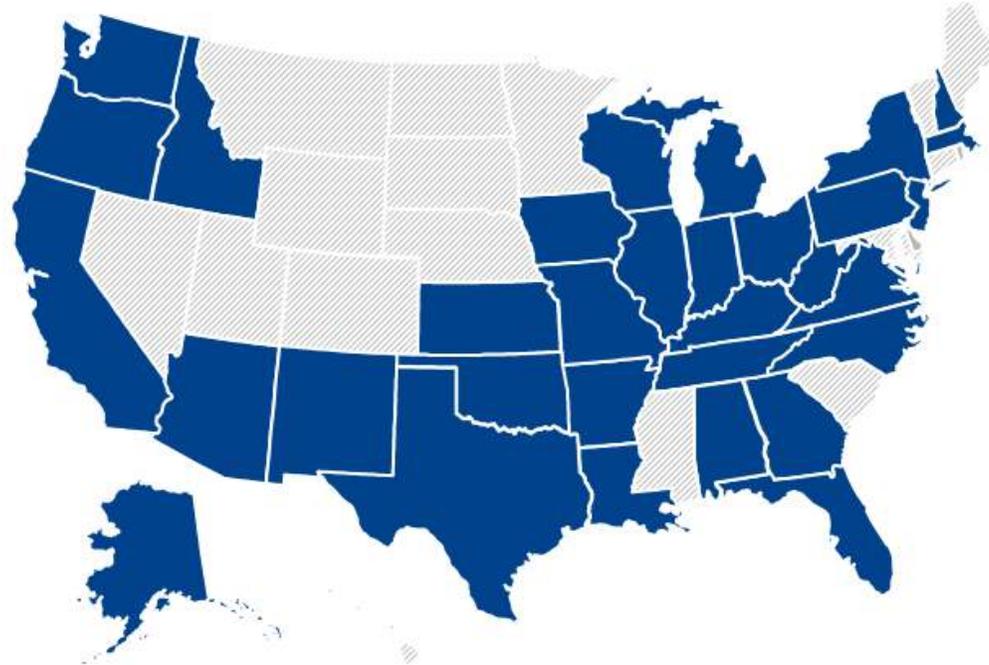
**3,500+**

Psychiatrists and  
APRNs in our  
community



**150,000+**

Client encounters  
annually



**100+**

Sites currently  
being served



Programs in

**35+**  
**STATES**

# HOW TELEPSYCHIATRY IMPROVES PATIENT OUTCOMES

# WHY TELEPSYCHIATRY IS A POWERFUL TOOL FOR SPMI

The shortage of resources for mental health providers is particularly acute for patients in rural communities:

**65%**  
of rural communities

Lack direct access  
to behavioral  
healthcare

**1/5<sup>th</sup>**  
of U.S. population

Lives in a  
rural area

**1/5<sup>th</sup>**  
of rural dwellers

Have a  
mental illness

**6.5  
million**

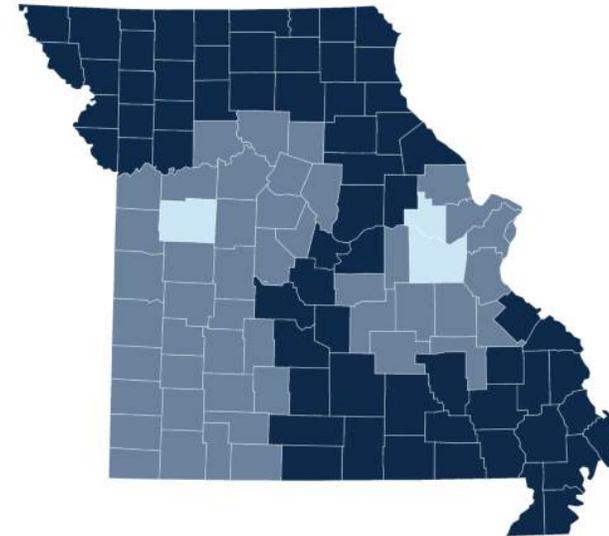
People in need of  
mental healthcare  
don't have access  
to psychiatrists

# MISSOURI'S MHPSA LANDSCAPE

The mental health professionals shortage is especially acute in Missouri

- In Missouri, approx. 19% of adults have a mental illness.
- Only 43.5% of adults with mental illness receive treatment due to the state's shortage of providers.
- 98 of Missouri's 101 rural counties are designated by the HRSA as mental health professional shortage areas (MHPSAs)

Health Professional Shortage Areas: Mental Health, by County, 2017 - Missouri



Source: [data.HRSA.gov](https://data.hrsa.gov), 2017.

# GENOA HEALTHCARE'S NEW PEER-REVIEWED STUDY

Increasing Access to Rural Mental Health Care Using  
Hybrid Care That Includes Telepsychiatry

- Genoa Healthcare recently co-authored a peer-reviewed study published in the American Psychological Association's Journal of Rural Mental Health
- The study analyzed data from 242 Medicaid patients ages 18-64 being treated with a hybrid of in-person outpatient visits and telepsychiatry visits and a control group with only in-person visits in community mental health centers in Missouri
- The patients were seen after a hospitalization or an ED visit for SMI care or substance use
- Diagnosis & demographic differences between the study and control population were not statistically meaningful

Comparison of Treatment and Control Across Matching Variables								
Matching Characteristics	Intervention (n=62)		Control (n=180)		Net Difference	% Difference (Absolute Value)	P-	
	Average	SD	Average	SD				
Age (years)	38.2	11.0	39.0	12.3	-0.9	2.2%	.612	
Female	47%	0.5	53%	0.5	-0.6%	11.4%	.504	
SMI	80.7%	0.4	84.4	0.4	-3.8%	4.5%	.720	
ADHD	11.3%	0.3	12.8%	0.33	1.5%	11.6%	.934	
Anxiety	53.2%	0.5	61.7%	0.5	-8.4%	13.7%	.309	
Bipolar	59.7%	0.5	42.8%	0.5	16.4%	39.5%	.031	
Dementia	6.5%	0.3	7.2%	0.3	-0.8%	10.7%	.994	
Depression	56.6%	0.5	61.1%	0.5	-4.7%	7.6%	.620	
Developmental	3.2%	0.2	7.8%	0.3	-4.6%	58.5%	.343	
Mood Disorder	19.4%	0.4	15.0%	0.4	-4.4%	29.0%	.546	
PTSD	46.8%	0.5	42.2%	0.5	-4.6%	10.8%	.635	
Schizophrenia or Psychosis	32.3%	0.5	35%	0.5	-2.7%	7.8%	.813	
IDD	3.2%	0.2	7.8%	0.3	-4.6%	58.5%	.343	
Other	54.8%	0.5	65.6%	0.5	-10.7%	16.3%	.176	
CCI Score	1.94	2.3	1.91	1.1	0.0	1.3%	.529	
CDPS Score Prospective	2.94	1.5	2.63	1.1	0.3	11.7%	.175	
CDPS Score Concurrent	4.12	2.7	3.46	2.7	0.7	18.9%	.075	

# PEER-REVIEWED STUDY MEASURES IMPACT OF TELEPSYCHIATRY

Telepsychiatry Improved Timeliness of Care and  
Number of Total Patient Encounters



The study found that patients with  
hybrid telepsychiatry plus in-person visits had

**improved timeliness of care and increased  
number of total outpatient encounters.**

# KEY FINDINGS SHOWING IMPROVED PATIENT OUTCOMES

Patients in rural communities who had access to telepsychiatry were seen:



**7**  
days  
faster



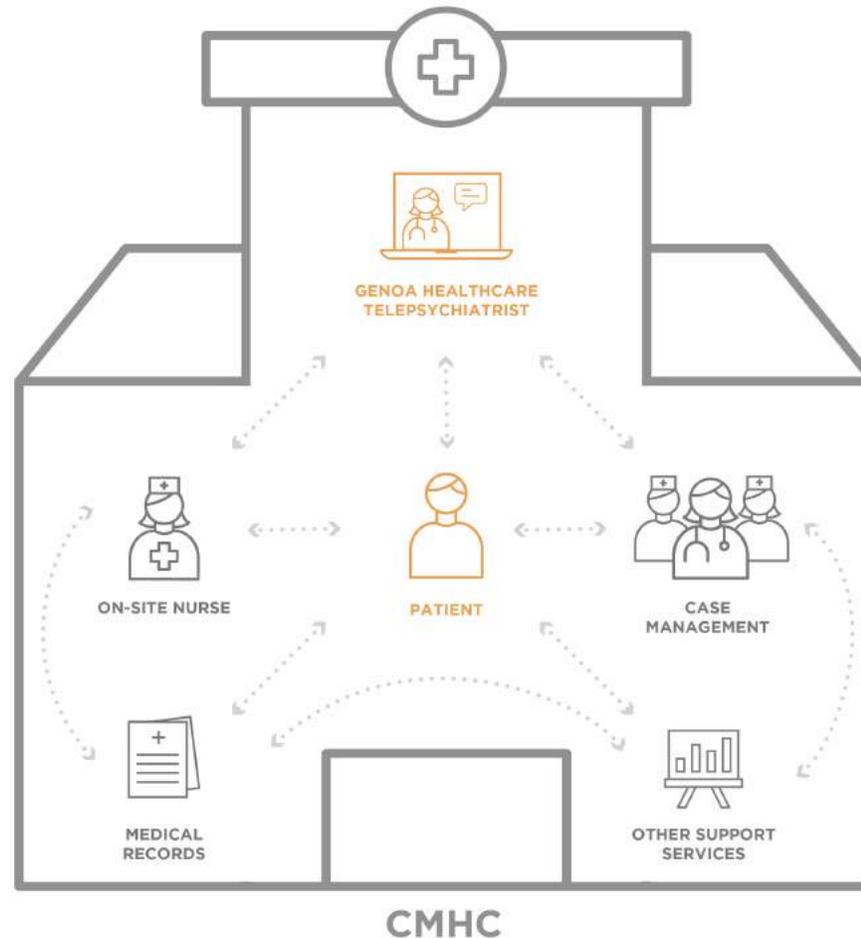
**34%**  
more likely to be  
seen 1x/month



# STRATEGIES FOR SUSTAINABLE TELEPSYCHIATRY PROGRAMS

# COORDINATED CARE

Coordinated care between pharmacy, clinical care teams, and telepsychiatry providers most meaningfully delivers improved patient outcomes



# REIMBURSEMENT

Each session performed generates two billable codes:



## PHYSICIAN SERVICES

OUTPATIENT CPT CODES (992XX)

NPI: Physician

Most payors reimburse at  
the same rate for online  
and off-line psychiatry



## TELEMEDICINE BONUS

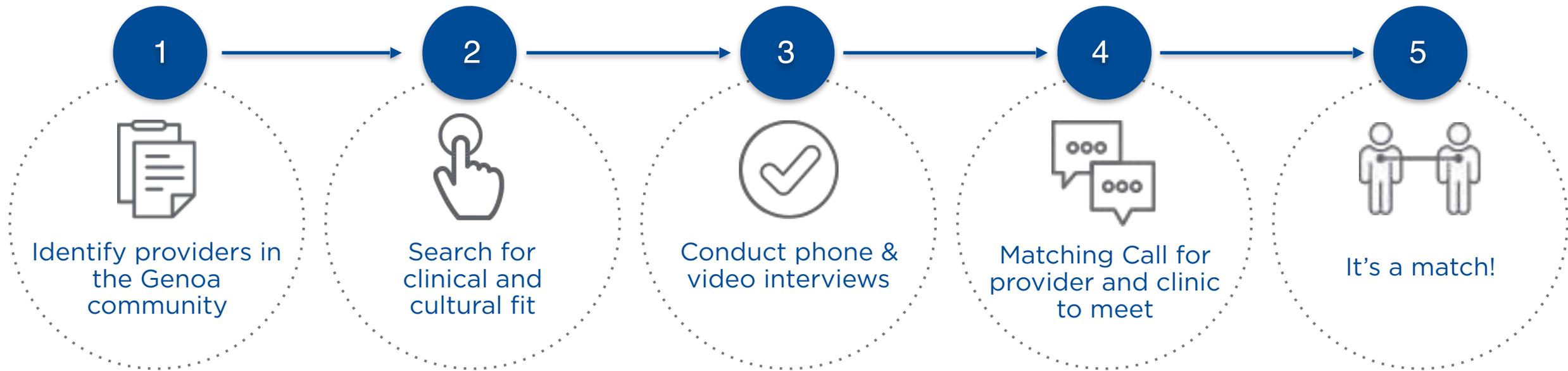
ORIGINATING SITE FEE (Q3014)

NPI: Facility

Up to \$25+ per client encounter  
for Medicaid in 27+ states  
and in Medicare in  
rural HPSAs

# MATCHING

Robust telepsychiatry matching processes that identify the right clinical and cultural fit between telepsychiatry provider and clinic ensures best outcomes for patients



# ONBOARDING PROCESS

Onboarding best practices help optimize telepsychiatry program management and sustainability



# THE TECHNOLOGY

All facilities need to set up is:



## HARDWARE

Computer

- Built-in camera & speaker

&



## SOFTWARE

5Mbps internet

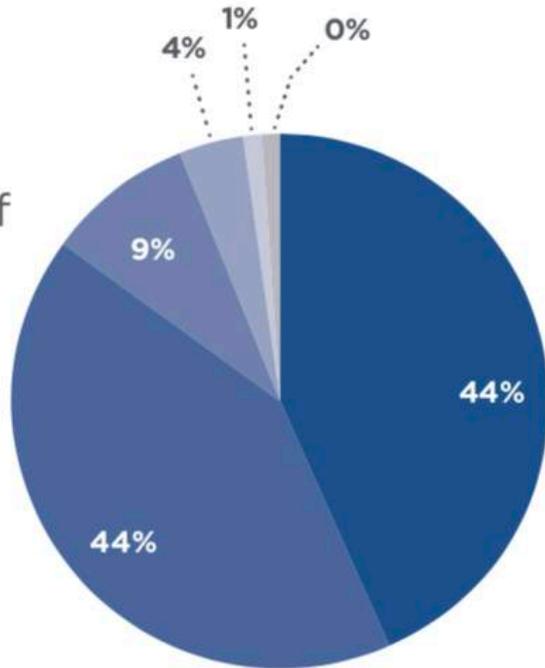
- Browser

# UNDERSTANDING METHODS FOR ASSESSING PROGRAM PERFORMANCE

# PATIENT INCENTIVES

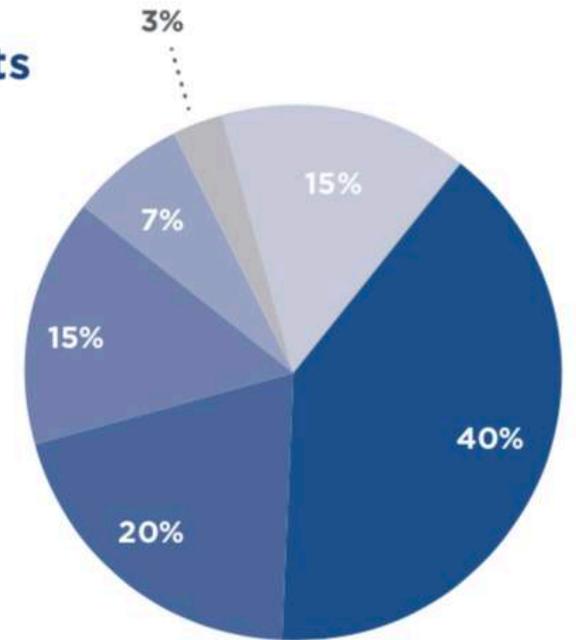
## 85% of all visits are follow ups

Patient accounts by # of appointments made



## Patients average 5 visits during treatment

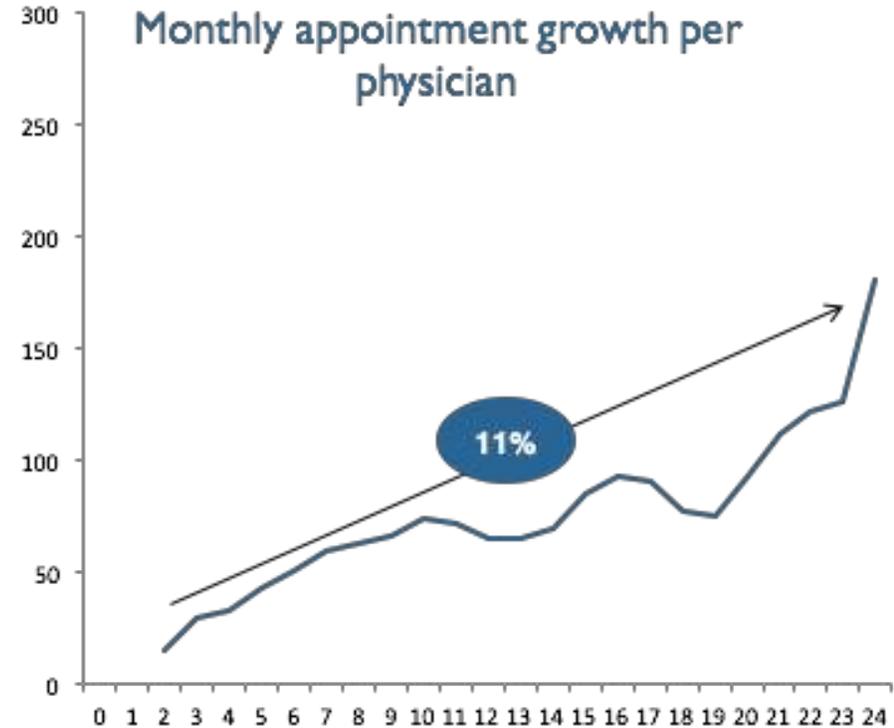
Total appointments by sequence of visit



# PROVIDER INCENTIVES

Physicians & APRNs typically start small with our platform, and continue to add hours as they recognize the benefits:

- Guaranteed pay
- Working from home
- Flexible hours
- Incremental revenue
- Mission-driven practice expansion



# CLINICAL INCENTIVES

**25%**

Reduction in  
bed days

**19%**

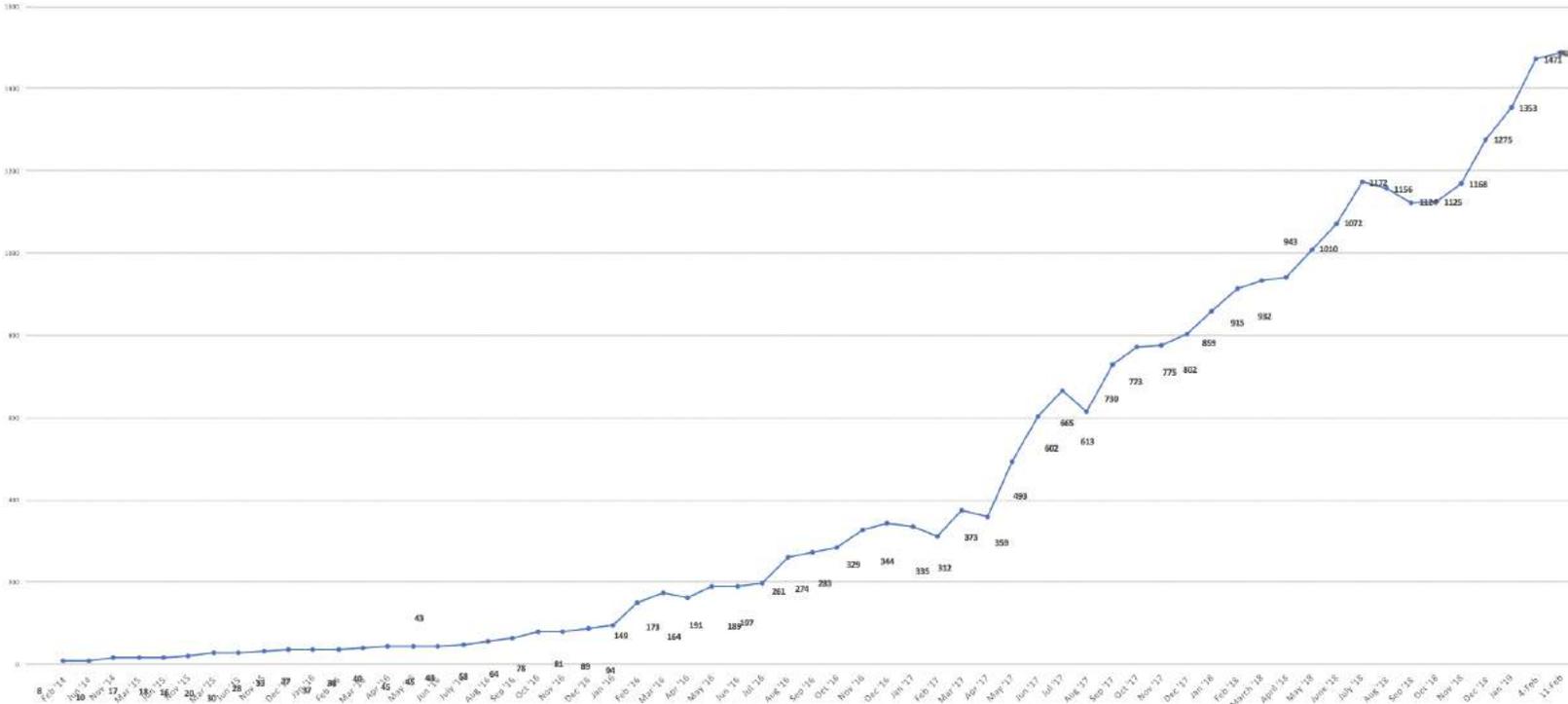
Reduction in  
hospital  
admissions

**25%**

Total utilization  
reduction for  
depression

# GROWTH

Total live hours treating patients per week  
2012 - Present



# Q&A

Case Studies to share from the audience?

Experiences to the contrary?

Concerns about regulation, reimbursement or process?



**THANK YOU!**